PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

n re patent application of:

Kim A. Reynolds and Charles P. Marino

Serial No.:

09/066,513

Group Art Unit:

1721

Filed:

April 24, 1998

Examiner:

N/A

For:

ABRASION RESISTANT MULTI-WALL ARTICLE AND METHOD

OF MAKING SAME

CERTIFICATE OF MAILING

I hereby certify that this correspondence, along with any papers indicated as being enclosed, are being deposited as First Class Mail in an envelope addressed to: Assistant Commissioner for Patentes: EWashington, DC 20231, on June 23, 1998. 395,00 00

05 EC:503

11/05/1999 DCAPEL1

1998

Fowler Deborah

Assistant Commissioner of Patents Washington, DC

20231

REQUEST FOR REFUND

sir:

02 FC:103

date: 11/02/1999 DOMECLOSED please find an executed Verified Statement TDADE1 00000055 09066513 Claiming Small. Or fit ity Status for filing in the above-identified This application was filed on April 24, 1998, which application. is less than two months before the date of this request. Please credit our Deposit Account No. 19-5425 in the amount of \$428.00 or one-half of the originally paid filing fee. This request is

జ్ఞోజ 11/02/1999 DCAPEL1 물路

PATENT -

Serial Number: 09/066,513

submitted in triplicate.

Respectfully symmitted

Joshua R. Slavitt, Esquire

Attorney of Record

Registration No. 40,816

Date

JRS/dff

Enclosure

SYNNESTVEDT & LECHNER LLP 2600 Aramark Tower 1101 Market Street Philadelphia, PA 19107-2950

Telephone: (215) 923-4466 Facsimile: (215) 923-2189

m:\jrs\markel\21669.usa\a-reques.rfd

	T i					
UNITE	TATES	PATENT	&	TR	ADEMARK	FIC
	Washi	ngton,	D.	c.	20231	

REQUEST FOR PATENT FEE REFUND							
Date	e of Request: 9/29/98 Serial,	/Patent #:					
Plea	ase refund the following fee(s):	PAPER NUMBER	DATE FILED	AMOUNT			
7	Filing		4-24.98	\$ 42800			
(Amendment	المراجعين المراجعين		\$			
	Extension of Time			\$			
Notice of Appeal/Appeal				\$			
Petition				\$			
	Issue			\$			
Cert of Correction/Terminal Disc.				\$			
	Maintenance			\$			
	Assignment			\$			
	Other			\$			
		TOTAL AMO	\$ 42800				
		TO BE REFUNDED BY:					
REAS	SON:	Treasury Check					
4	Overpayment	Øred.	it Deposit	A/C #:			
l	Duplicate Payment	19-5425					
	No Fee Due (Explanation):						
The applicant linely filed a verified Statement Claymond small entity therefor is entitled to							
TYPI	DEPURED NAME THE BY: VATURE: THE PRINTED NAME TO THE BY: VATURE: THE BY:		itle: 0 HONE: 703	2 306 - 0008			
OFF]	*****	******	*****	*****			
THIS SPACE RESERVED FOR FINANCE USE ONLY:							
APPI	ROVED:	DATE:					
<u> </u>							

Upon completion of this form, attach original and one copy to the file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B